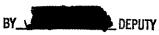
## CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION

## STATEMENT OF ECONOMIC INTERESTS

RECEIVED SHERYL THUR, COUNTY CLERK

JAN 29 2010



## CC 2010 FFR - 1 AM &

2010 FEB - 1 AM 8: 50 A Public Document

IVANIE (LASI)		(FIRS1)	(MIDDL	E)	DAYTIME TEI EPHONE NIIMRED	
Viegas	•	John	Keitl	1		
MAILING ADDRESS	STREET	CITY	STATE	ZIP CODE	OPTIONAL: E-MAIL ADDRESS	
1. Office, Ager	ncv. or Court		4. Schedul	e Summar	v	
Name of Office, Ag			➤ Total number of pages			
Glenn County Board of Supervisors			including this cover page:  ➤ Check applicable schedules or "No reportable interests."			
Division, Board, District, if applicable:						
Your Position:			I have disclosed interests on one or more of the			
Board Member				attached schedules:		
► If filing for multiple positions, list additional agency(ies)/ position(s): (Attach a separate sheet if necessary.)			Schedule A-1  Yes – schedule attached Investments (Less than 10% Ownership)  Schedule A-2  Yes – schedule attached Investments (10% or Greater Ownership)			
Agency:						
Position:			Schedule B Real Property	☐ Yes – se	chedule attached	
2. Jurisdiction of Office (Check at least one box)			Schedule C Yes – schedule attached Income, Loans, & Business Positions (Income Other than Gifts and Travel Payments)			
☐ State  ☐ County of Glenn			Schedule D Yes – schedule attached			
			Income – Gifts		<i>"</i>	
City of			Schedule E  Yes – schedule attached  Income – Gifts – Travel Payments			
Multi County			meonie – oms	_	ans	
Other			-or-			
3. Type of State	ement (Check	at least one box)	No reporta	ble interests o	on any schedule	
☐ Assuming Office	/Initial Date: .		Te 34 16 11			
☑ Annual: The pe	riod covered is lan	nary 1 2009	5. Verification	n		
Annual: The period covered is January 1, 2009, through December 31, 2009.		I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best				
	-or-		<b>.</b>		in contained herein and in any	
O The period co December 31	overed is/ , 2009.	_/, through	attached schedu			
Leaving Office Date Left:/(Check one)				I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.		
O The period covered is January 1, 2009, through the date of leaving office.			Date Signed January 29, 2010			
<b></b>	-or-			(n	nonth, day, year)	
O The period co the date of lea	vered is/ aving office.	_/, through	Signature (File	the originally signe	d statement with your tiling official.)	
☐ Candidate Ele	ction Year:					
			FPPC Toll-	Free Helpline:	FPPC Forp. 700 (2009/2010) 866/ASK-FPPC www.fppc.ca.gov	



2010 MAR - 1 AM 8: 21 Income - Gifts
Travel Payments, Advances,
and Reimbursements

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

**AMENDMENT** 

SHERYL THUR. COUNTY CLERK

· Reminder - you must mark the gift or income box.

You are not required to report "income" from government agencies.



NAME OF SOURCE	NAME OF SOURCE			
California State Association of Counties				
ADDRESS	ADDRESS			
1100 K Street Suite 101				
CITY AND STATE	CITY AND STATE			
Sacramento, CA 95814	· ·			
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE			
Board of Directors Meetings				
DATE(S): 01 / 01 / 09 - 12 / 31 / 09 AMT: \$ 187.10	DATE(S):// AMT: \$			
TYPE OF PAYMENT: (must check one) 🔀 Gift 🔲 Income	TYPE OF PAYMENT: (must check one) Gift Income			
DESCRIPTION: Meal expenses for attending meetings	DESCRIPTION:			
NAME OF SOURCE	Verification			
ADDRESS	Print Name John K. Viegas			
CITY AND STATE	or Court Glenn County Board of Supervisors Dist1			
BUSINESS ACTIVITY, IF ANY, OF SOURCE	Statement Type 2008/2009 Annual Assuming Leaving 09 Annual Candidate			
DATE (C)	I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete.			
DATE(S):/ AMT: \$	I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.			
TYPE OF PAYMENT: (must check one)	Date Signed February 24, 2010			
DESCRIPTION:	· (month day vear)-			
	Signature(			
The information was sent to me after I complete	ed the form 700 and submitted the form to the elections			
Comments: I no information was sent to me after I complete office. I was unaware that the association comp	pensated me for my meals			
The straine of the st	onouted the for my mean.			